

**NEBRASKA DEPARTMENT OF INSURANCE  
P.O. BOX 82089  
LINCOLN, NE 68501-2089**

**APPLICATION FOR REGISTRATION TO TRANSACT BUSINESS AS AN  
INDIVIDUAL NAVIGATOR  
PURSUANT TO Neb.Rev.Stat. §44-8804.**

1. Name of Applicant: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code Telephone #
4. Name of Registered Navigator Entity: \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code Telephone #
6. Are you a citizen of the U.S.? \_\_\_\_\_ (If no, you must provide proof of work authorization)
7. Email Address: \_\_\_\_\_
8. Submit with the application documentation that the applicant has completed the federal training and continuing education requirements authorizing the applicant to act as a navigator.
9. Remit with the application a check in the amount of \$25.00 in payment of the application fee.

(OVER)

I DECLARE IN THE APPLICATION UNDER PENALTY OR REFUSAL, SUSPENSION, OR REVOCATION OF THE REGISTRATION THAT THE STATEMENTS MADE IN THE APPLICATION ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**SIGN ►  
HERE**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Article 88 – Health Insurance Exchange Navigator Registration Act:  
<http://uniweb.legislature.ne.gov/laws/browse-chapters.php?chapter=44>